CONSPICUOUS INVISIBILITY
in Disaster Risk Reduction

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INTRODUCTION

People with very high body mass (extreme obesity) have been left behind in disasters relating to their size, shape and weight.[1] Disaster risk reduction (DRR) considerations involving people with high body mass are not visible in DRR literature.[2] The numbers of people living with very high body mass in Aotearoa are not insignificant (around 200,000 individuals): 5.1% average all population, of which 10.6% Māori and 17.3% Pacific peoples)[3] and higher than average in the 55-64 year age group (6.6%).

METHODS:

Semi-structured face to face interviews were conducted with people living with very high body mass in Aotearoa. Interviews were transcribed, coded and organised into themes.

PARTICIPANTS:

TABLE 1 - ONLINE SURVEY PARTICIPANT CHARACTERISTICS

Table 1 - Participants Characteristics (N=15, to Aug 2019)

Location at time of Interview (Region)	N
Auckland	2
Bay of Plenty	3
Hawke's Bay/Wairarapa	3
Manawatu/ Whanganui/Mid Central	1
Wellington	5
Otago	1

Experience of Disaster	N
Christchurch Earthquakes 2010-2011	3
Kaikōura earthquake 2016	4
Seddon/Wellington earthquake 2013	5
Edgecumbe Earthquake 1987	2
Edgecumbe Flood 2017	1
Pacific Island: Cyclones/ Hurricanes/Earthquakes	2
Tsunami evacuation	5
Auckland earthquake	1
No experience	1

Body Mass Index (Kg/m²)	N
Mild Obesity (BMI 30-34)	1
Moderate/Severe Obesity (BMI 35-39)	1
Extreme Obesity I (BMI 40-44)	1
Extreme Obesity II (BMI 45-49)	4
Extreme Obesity III (BMI 50-54)	1
Super Extreme Obesity (BMI 55+)	6
N/A	1

Stated Ethnicity	N
Māori/NZ	2
Pacific/Māori	2
Pacific	2
NZ European	6
Other	3

Age	N
Under 40 yrs	5
Under 60 yrs	6
Over 60 yrs	4

Stated Gender	N
Women	11
Men	4
Other	0

QUOTES

"It is my hope that - civil defence agencies - will just treat us as a regular citizen in need of help. But … that may not be the case."

"…there's like language, and culture, and all of that stuff, and obviously the various disabilities. But people forget size can also be a disability, if you allow it to. Like you can turn it around."

"It is scary to think that we could be in a situation where it would be difficult to be evacuated or be moved, and you were considered a liability because of your size, and that people wouldn't try and make an effort"

"A lot of them are like: Oh well, why should we have to cater to that?"

RESULTS

Four major themes emerged:

1. Size, shape, weight and age of participants in this study were no proxy for health, mobility or preparedness status.
2. There were shared concerns regarding assistance requirements in the event of a fall or becoming trapped.
3. Participants had an expectation that Emergency Management (EM) will plan and be prepared for their particular needs in the community and yet EM appear to have no such plans in place other than expecting health agencies to flag any needs.
4. Participants felt their DRR needs associated with high body mass would not be flagged with any health agency and less-mobile participants were unclear if they were registered 'disabled' with any agency.

DISCUSSION POINTS

People with high body mass exist in increasing numbers across Aotearoa[1] yet there is conspicuous invisibility of considerations relating to size, weight, shape - even in groups disproportionately impacted by high body mass and already thought of as a priority e.g. people with chronic conditions, diabetes, people with disabilities, people with severe mental conditions, older people.

Image: World Obesity Federation

REFERENCES

1. Gray L. Social Determinants of Health, Disaster Vulnerability, Severe and Morbid Obesity in adults: Triple Jeopardy? Int. J. Environ. Res. Public Health, 2017. 14(12), 1452.
2. Gray L, MacDonald C. Morbid Obesity in Disasters: Bringing the "Conspicuously Invisible" into Focus. Int. J. Environ. Res. Public Health, 2016. 13(10):1029.
3. Ministry of Health Annual Data Explorer, 2017/18 data.

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Image Credit: World Obesity Federation

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